

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

10669757

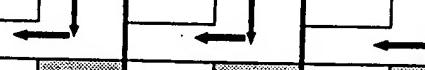
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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TOTAL IND.



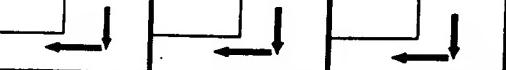
TOTAL DEP.

TOTAL CLAIMS

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS



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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1C1						
2						
3						
4		1				
5						
6						
7						
8						
9						
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11						
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14						
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16						
17						
18						
19						
20		1				
21		1				
22						
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25						
26						
27						
28		1				
29		1				
30		1				
31						
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48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	18					
TOTAL CLAIMS	21					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					